ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H		4/9
O.I.P.E. CLASSIFIER		3	5/1
FORMALITY REVIEW		9ᴠ2	05/05/0
RESPONSE FORMALITY REVIEW		1091	9-19-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
		4/5/01		51			101	
1	✔			52			102	
2	✔			53			103	
3	✔			54			104	
4				55			105	
5				56			106	
6				57			107	
7				58			108	
8				59			109	
9				60			110	
10				61			111	
11				62			112	
12				63			113	
13				64			114	
14				65			115	
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16				67			117	
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18				69			119	
19				70			120	
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22				73			123	
23				74			124	
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27				78			128	
28				79			129	
29				80			130	
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36				87			137	
37				88			138	
38				89			139	
39				90			140	
40				91			141	
41				92			142	
42				93			143	
43				94			144	
44				95			145	
45				96			146	
46				97			147	
47				98			148	
48				99			149	
49				100			150	
50								

If more than 150 claims or 10 actions
staple additional sheet here

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523
01-20-0